

**NON- RESIDENT**  
**HASTINGS RECREATION AND PARKS DEPARTMENT**  
**DAY CAMP & AFTER CAMP APPLICATION**

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ SEX: \_\_\_\_\_ GRADE IN SEPT: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

FATHER'S PHONE/CELL: \_\_\_\_\_ MOTHER'S PHONE/CELL: \_\_\_\_\_

EMERGENCY CONTACT NAME & PHONE # (must be local): \_\_\_\_\_

CHILD'S PHYSICIAN NAME AND PHONE \_\_\_\_\_

E-Mail Address: (Please print clearly) \_\_\_\_\_

HILLSIDE GROUP FRIEND REQUEST \_\_\_\_\_

**EARLY BIRD REGISTRATION:** April 1st through April 30, 2016. **REGULAR REGISTRATION:** Begins May 1, 2016 Additional weeks must be paid three (3) days in advance, keeping in mind that all camps are limited in number of participants and subject to closure. Full fee must be paid at time of registration. Payment may be made with a check payable to the Village of Hastings or credit cards accepted.

**HILLSIDE**

**Children in 1<sup>st</sup>-8<sup>th</sup> Grade**

**AFTERCAMP**

9:00 AM - 3:00 PM

3:00 P.M. TO 6:00 P.M.

FULL SEASON \$700

FULL SEASON \$470

Weekly \$155

WEEKLY \$100

- \_\_\_ 1<sup>st</sup> Week: June 27, 28, 29, 30, 1
- \_\_\_ 2<sup>nd</sup> Week: July 5, 6, 7, 8
- \_\_\_ 3<sup>rd</sup> Week: July 11, 12, 13, 14, 15
- \_\_\_ 4<sup>th</sup> Week: July 18, 19, 20, 21, 22
- \_\_\_ 5<sup>th</sup> Week: July 25, 26, 27, 28, 29
- \_\_\_ 6<sup>th</sup> Week: Aug. 1, 2, 3, 4, 5



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- \_\_\_ 6<sup>th</sup> Week: Aug. 1, 2, 3, 4, 5

**MEDICAL HISTORY- IMMUNIZATION RECORD**

Required by the New York State Health Department.

All shots must be up-to-date. Children will not be admitted to camp unless medical information is complete

**A hard copy of all Immunizations and Shots from each child's physician MUST be provided.**

In consideration of you accepting this registration form, I the undersigned for myself, my executors, administrators And assignees, do hereby and discharge Hastings Recreation Department, and any and all sponsors, organizers and their representative and successors from all claims of damages, demands, action , and causes of actions whatsoever, in any manner arising or growing out of my participation in said program. I further attest that I am physically qualified to participate in this program.

PARENT OR GUARDIAN SINGNATURE: \_\_\_\_\_

FOR OFFICE USE ONLY CK#/CC \_\_\_\_\_ CK AMT: \_\_\_\_\_ DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_ TOTAL FEES: \_\_\_\_\_